

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

91496416

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓			
2	✓		✓			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	2	↓	1	↓		↓
TOTAL CLAIMS	4		3			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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TOTAL DEP.		↓		↓		↓		↓		↓		↓
TOTAL CLAIMS												